

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/16/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2007
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 GEORGIA AVENUE NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
	A recertification survey was conducted from May 8, 2007 through May 10, 2007. The survey was initiated using the fundamental survey process. A random sample of four clients was selected from a resident population of eight men with various disabilities. The findings of the survey were based on observations, interviews with clients and staff in the home and four day programs, as well as a review of client and administrative records, including incident reports.				
W 104	483.410(a)(1) GOVERNING BODY	W 104			
	The governing body must exercise general policy, budget, and operating direction over the facility.				
	This STANDARD is not met as evidenced by: Based on observations, interviews and review of records, the facility's governing body provided general operating direction over the facility, except in the following areas:				
	The finding includes:				
	The governing body failed to ensure the maintenance of the facility's environment, as evidenced by:				
	a. Rust on the fencing around the perimeter of the facility.				
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES	W 120			
	The facility must assure that outside services meet the needs of each client.				

RECEIVED
DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION
2007 MAY 30 A 10:37

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Erney Stephen

President

5/23/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 120	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews with group home and day program staff, and record review, the facility failed to ensure that outside services met the needs of one of the four clients in the sample. (Client #3)</p> <p>The facility failed to ensure that Client #3's day program was providing continuous active treatment.</p> <p>The findings include:</p> <p>During observation at the day program on May 8, 2007 at approximately 1:00PM, Client #3 was observed attempting to place an item that he had picked up from the sofa in his pocket. Interview with day program staff on May 8, 2007 at approximately 1:15PM revealed that Client #3 hoards items that he has picked up from the day program. The day program staff indicated that they were not aware that Client #3 had a Behavioral Support Plan (BSP) from the group home for hoarding or that the BSP instructed staff to document the targeted behavior on the ABC (antecedent, behavioral, consequence) data sheet daily. Day program staff further indicated that the day program had developed their own BSP for Client #3, however the plan did not indicate hoarding as a targeted behavior. Review of the day program BSP dated April, 2007 on May 8, 2007 at approximately 1:25pm revealed that hoarding was not documented as a targeted behavior. Interview with the Qualified Mental Retardation Professional (QMRP) on May 9, 2007 at approximately 7:00PM revealed that the facility was not aware that the day program was not implementing Client #3's BSP for hoarding as</p>	W 120	<p>A meeting was held with Q.M.R.P. & Day Program. Psychologist / behavior specialist on 05/11/07 to address client # 3's hoarding behavior.</p> <p>A new BSP will be developed by the day program on 05/30/07 during their BMC & HRC meeting. In- service will be given to day program staff after 05-30-07.</p>	05-30-07	

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W 120	Continued From page 2 recommended by the psychologist. Review of the facility's BSP, dated December 10, 2006 on May 9, 2007 at approximately 7:15PM revealed that hoarding was a targeted behavior and that interventions were also documented in the plan. There was no evidence that the QMRP coordinated with the day program to ensure that Client #3's BSP for the targeted behavior of hoarding was being implemented.	W 120			
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been developed to inform each client, parent or legal guardian of the client's behavioral status, risk of treatment, and the right to refuse treatment for one of the four clients in the sample. (Client #2) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on May 8, 2007 at approximately 10:30AM revealed that Client #2's sister was active in his life. Review of a medical consult, dated October 11, 2006 on May 9, 2007 at approximately 11:30AM revealed that Client #2's sister signed the consent for a colonoscopy, however she was not the legal guardian. Review of the Psychological assessment, dated May 22,	W 125	DCHC has already submitted all the necessary papers pertaining to legal guardianship and the DDS is in the process of finalizing it. Please see attachment (A1, A2, A3)	01-28-07 Ongoing	

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W 125	Continued From page 3 2006 on May 9, 2007 at approximately 12:00PM , revealed that Client#2 did not cognitively unable to make decisions regarding his daily living. There was no evidence the client had a legally-sanctioned guardian and/or a surrogate health care decision-maker to review or approve the colonoscopy.	W 125			
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed that each client's active treatment program was coordinated, integrated and monitored by the Qualified Mental Retardation Professional (QMRP) for one of four clients in the sample. (Client#3) The findings include: 1. Cross Refer to W249. The QMRP failed to ensure Client#3 received consistent opportunities to develop and learn new skills based on his speech and language assessment. 2. Cross Refer to W120. The QMRP failed to coordinate Client #3's Behavioral Support Plan with the day program	W 159			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,	W 249	1. Please see the answer to W 249 on Pg # 5. 2. Please see the answer to W120 on Pg # 2.		

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W 249	<p>Continued From page 4</p> <p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews, and record verification, the facility failed to demonstrated that two out of four clients in the sample are actively and consistently encouraged to engage in learning opportunities to maintain or enhance their skill levels for one of four clients in the sample. (Client#3)</p> <p>The finding includes:</p> <p>During observations conducted on May 8-9, 2007, Client #3 was observed using echolalia speech and gestures to communicate with staff or peers. The client did demonstrate the ability to follow instructions from the staff. Interview staff revealed that Client #1 communicates with speech, gestures and uses a communication device. Interview with the Qualified Mental Retardation Professional (QMRP) on May 9, 2007 at approximately 5:30PM revealed that Client #3 has a Voice Output Communication AID (VOCA) to express his wants and needs. Review of Client#3's Speech and Language consult dated December 19, 2006 on May 10, 2007 at approximately 11:45AM revealed that the client was to use the VOCA to express his wants and needs during all opportunities. There was no evidence that Client #1 was being encouraged to use the VOCA to maintain his assessed strengths</p>	W 249	<p>An In-service training was given to all staff on 05/11/07. To encourage client # 3 to use <u>VOCA</u> machine to express his wants and needs during all the opportunities given. Please see attachment (B)</p>	05-11-07	

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W 249	Continued From page 5 in communication.	W 249			

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I 000	INITIAL COMMENTS A recertification survey was conducted from May 8, 2007 through May 10, 2007. The survey was initiated using the fundamental survey process. A random sample of four clients was selected from a resident population of eight men with various disabilities. The findings of the survey were based on observations, interviews with clients and staff in the home and four day programs, as well as a review of client and administrative records, including incident reports.	I 000		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observations, interviews and review of records, the facility's governing body provided general operating direction over the facility, except in the following areas: The finding includes: The governing body failed to ensure the maintenance of the facility's environment, as evidenced by: a. Rust on the fencing around the perimeter of the facility.	I 090	Rusted fence around the building was painted on 05/12/07	05-12-07
I 437	3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not	I 437		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

President

(X6) DATE

5/23/07

STATE FORM

6899

8T1611

If continuation sheet 1 of 5

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I 437	<p>Continued From page 1</p> <p>be limited to, the following areas:</p> <p>(g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required);</p> <p>This Statute is not met as evidenced by: Based on observations, interviews, and record verification, the facility failed to demonstrated that two out of four clients in the sample are actively and consistently encouraged to engage in learning opportunities to maintain or enhance their skill levels.</p> <p>The finding includes:</p> <p>During observations conducted on May 8-9, 2007, Client #3 was observed using echolalia speech and gestures to communicate with staff or peers. The client did demonstrate the ability to follow instructions from the staff. Interview staff revealed that Client #1 communicates with speech, gestures and uses a communication device. Interview with the Qualified Mental Retardation Professional (QMRP) on May 9, 2007 at approximately 5:30PM revealed that Client #3 has a Voice Output Communication AID (VOCA) to express his wants and needs. Review of Client#3's Speech and Language consult dated December 19, 2006 on May 10, 2007 at approximately 11:45AM revealed that the client was to use the VOCA to express his wants and needs during all opportunities. There was no evidence that Client #1 was being encouraged to use the VOCA to maintain his assessed strengths in communication.</p>	I 437	<p>An In-service training was given to all staff on 05/11/07. To encourage client # 3 to use <u>VOCA</u> machine to express his wants and needs during all the opportunities given. Please see attachment (B)</p>	05-11-07	

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1454	<p>3521.9 HABILITATION AND TRAINING</p> <p>Each GHMRP, in addition to the above provisions, shall assist each resident in obtaining placement in an appropriate educational, employment, or daytime training program; Provided, that the placement shall be consistent with the resident's Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, interviews with group home and day program staff, and record review, the facility failed to ensure that outside services met the needs of one of the four clients in the sample. (Client #3)</p> <p>The facility failed to ensure that Client #3's day program was providing continuous active treatment. The findings include:</p> <p>During observation at the day program on May 8, 2007 at approximately 1:00PM, Client #3 was observed attempting to place an item that he had picked up from the sofa in his pocket. Interview with day program staff on May 8, 2007 at approximately 1:15PM revealed that Client #3 hoards items that he has picked up from the day program. The day program staff indicated that they were not aware that Client #3 had a Behavioral Support Plan (BSP) from the group home for hoarding or that the BSP instructed staff to document the targeted behavior on the ABC (antecedent, behavioral, consequence) data sheet daily. Day program staff further indicated that the day program had developed their own BSP for Client #3, however the plan did not indicate hoarding as a targeted behavior. Review of the day program BSP dated April, 2007 on May 8, 2007 at approximately 1:25pm revealed that</p>	1454	<p>A meeting was held with Q.M.R.P. & Day Program. Psychologist / behavior specialist on 05/11/07 to address client # 3's hoarding behavior.</p> <p>A new BSP will be developed by the day program on 05/30/07 during their BMC & HRC meeting. In- service will be given to day program staff after 05-30-07.</p>	05-30-07

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1454*	Continued From page 3 hoarding was not documented as a targeted behavior. Interview with the Qualified Mental Retardation Professional (QMRP) on May 9, 2007 at approximately 7:00PM revealed that the facility was not aware that the day program was not implementing Client #3's BSP for hoarding as recommended by the psychologist. Review of the facility's BSP, dated December 10, 2006 on May 9, 2007 at approximately 7:15PM revealed that hoarding was a targeted behavior and that interventions were also documented in the plan. There was no evidence that the QMRP coordinated with the day program to ensure that Client #3's BSP for the targeted behavior of hoarding was being implemented.	1454			
1500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been developed to inform each client, parent or legal guardian of the client's behavioral status, risk of treatment, and the right to refuse treatment for one of the four clients in the sample. (Client #2) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on May 8, 2007 at approximately 10:30AM revealed that Client #2's sister was active in his life. Review of a medical consult, dated October 11, 2006 on May 9, 2007	1500	DCHC has already submitted all the necessary papers pertaining to legal guardianship and the DDS is in the process of finalizing it. Please see attachment (A1, A2, A3)	01-28-07 Ongoing	

Health Regulation Administration
STATE FORM

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If continuation sheet 4 of 5

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I 500	Continued From page 4 at approximately 11:30AM revealed that Client #2's sister signed the consent for a colonoscopy, however she was not the legal guardian. Review of the Psychological assessment, dated May 22, 2006 on May 9, 2007 at approximately 12:00PM, revealed that Client#2 did not cognitively unable to make decisions regarding his daily living. There was no evidence the client had a legally-sanctioned guardian and/or a surrogate health care decision-maker to review or approve the colonoscopy.	I 500			